

Sign Out Edit View Format Reports Chat/Help

ICANotes Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947  
**Haley, Shelly**

Use Note Creation Time  
Clear Time  
Set Date/Time  
7/30/2023  
10:50 PM

ID: 1000010733986 DOB: 4/17/1975  
Treatment Plan (SOS)

\*Danger to Life and Symptoms of Post Traumatic Stress Disorder

**LONG TERM GOALS:**  
Ms. Haley will recover from stress of recent tragedy without symptoms of PTSD.  
Make appointment for medication management  
Completion Date: 7/31/2024

**SHORT TERM GOAL(S) & INTERVENTIONS:**  
Short Term Goal / Objective:  
Ms. Haley will learn and implement one social skill per week.  
Frequency: daily per day Duration: 15 minutes Progress: Plans to start soon  
Target Date: 7/29/2023

Intervention:  
Counselor will teach social skills to Ms. Haley and support and encourage implementation of at least one learned social skill per week. Progress will be monitored.  
Frequency: daily per day Duration: 15 minutes

Intervention:  
Counselor will teach Ms. Haley how to respond to social cues and other's needs appropriately. Progress will be monitored.  
Frequency: daily per day Duration: 15 minutes

Intervention:  
Counselor will provide a structured setting to help Ms. Haley utilize pro-social behavior and practice social skills. Progress will be monitored.  
Frequency: daily per day Duration: 15 minutes

**STATUS:**  
The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with him/her in developing this Treatment Plan. Fair progress in reaching set goals and resolving this problem seemed apparent today. Recommend continuing the current interventions and short term goals. It is felt that more time is needed for the interventions to work.

**BARRIERS**  
Emotional problems interfere with treatment.  
- Emotional problems will be dealt with via treatment plan.

**Service Loca**  
**Audit Log**  
Copy contents of the text only into  
Copy complete note into  
**Print**  
Print Prev

Please Note: Changes or edits made here on this page will be lost if you return to the previous areas and reassemble the document.

You should limit your editing to minor, last minute changes before printing.

Edits here will NOT show in Documents Upload Site.

spell check find  
(Please click in the field and scroll down to see full text of note.)

Capture Signature  
#1 Signed By: \_\_\_\_\_  
Capture Signature  
#2 Signed By: \_\_\_\_\_  
Capture Signature  
#3 Signed By: \_\_\_\_\_